



WILLIAM ELLIS SCHOOL  
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HEADTEACHER: MR SAM WHITE

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12<sup>th</sup> September 2019

Dear Parent/Carer,

**10K trip to the Unicorn Theatre – Tuesday 15<sup>th</sup> October**

We have organised a theatre trip for students in 10K to the Unicorn Theatre in Southwark on Tuesday 15<sup>th</sup> October. The play we are going to see is called *Maggot Moon*. It is part of our school CAVE (Creativity – Action – Vocation – Enterprise) Week.

We will be working with 10K throughout that week on a project that includes going to see this play.

We hope that they will find engaging and enjoyable, and it will help them in the next stages of their learning.

On the day of the trip, we will travel by tube to London Bridge in the morning. From there we will walk the short distance to the theatre. After the show we will return to school in time for lunch.

Boys will need to wear correct school uniform and they do not need to bring any spending money or travelcard.

The tickets cost £10.00. If you are able to pay the full amount, or make a contribution towards it, we would be very grateful. As you know we are no longer able to accept cash or cheques. You can now do this online on [www.parentpay.com](http://www.parentpay.com)

Please fill in the reply slip and return it to us before Friday 11<sup>th</sup> October. Please contact Jeremy Pratt on [pratt@williamellis.camden.sch.uk](mailto:pratt@williamellis.camden.sch.uk) if you have any questions about any aspect of the trip or the CAVE Week.

With best wishes,

Yours sincerely,

Ms A. Solea  
(10K form tutor)

Mr J. Pratt  
(Drama teacher)

**Please complete and return this to Ms Solea or Mr Pratt  
no later than Friday 11<sup>th</sup> October 2019**

**10K CAVE Week theatre trip to the Unicorn Theatre  
Tuesday 15<sup>th</sup> October 2019**

I hereby give permission for my son to go on a trip to see *Maggot Moon* at the Unicorn Theatre, London SE1 on Tuesday 15<sup>th</sup> October.

I understand that he will travel to and from the theatre with members of staff on public transport.

Voluntary Contribution:

I have paid online    Yes/No    Amount \_\_\_\_\_

Name of son \_\_\_\_\_

Class \_\_\_\_\_

Signature of parent/carer \_\_\_\_\_

Parent/carer's emergency contact number \_\_\_\_\_

Any medical issues

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_